

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new non-provisional applications under 37 CFR 153(b))</small>		Attorney Docket Number: TRLG002-US0 First Named Inventor or Application Identifier: BEAKLEY, BRUCE Title: Linear Motor Glide Assembly Express Mail Label No.: EU 230 905 513 US
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

17399 U.S. PTO
 10/600735
 06/20/03

1. <input checked="" type="checkbox"/> Fee Transmittal Form (submitted in duplicate)	8. <input type="checkbox"/> Assignment papers (cover sheet & document(s))
2. <input checked="" type="checkbox"/> Applicant Claims Small Entity Status	9. <input type="checkbox"/> CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
3. <input checked="" type="checkbox"/> Specification: Total Pages: 20	10. <input type="checkbox"/> English Translation Document (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s)(35 U.S.C. 113): Total Sheets: 11	11. <input type="checkbox"/> Information Disclosure Statement. (IDS)/PTO-1449. <input type="checkbox"/> Copies of IDS citations
5. <input type="checkbox"/> Oath or Declaration: Total pages: _____ a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) i. <input type="checkbox"/> <u>Deletion of Inventor(s)</u> . Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	12. <input type="checkbox"/> Preliminary Amendment
6. <input type="checkbox"/> Application Data Sheet. 37 CFR 1.76	13. <input checked="" type="checkbox"/> Return Receipt Postcard. (MPEP 503) (should be specifically itemized.)
7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed.)
	15. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Must attach form PTO/SB/35 or its equivalent.
	16. <input type="checkbox"/> Credit Card Authorization for Payment

17. **If a Continuing Application:** (check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part of prior application No. _____
 Prior application Information: Examiner _____ Group/Art Unit _____

For Continuation or Divisional only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

Correspondence Address: <input type="checkbox"/> Customer Number or Bar Code Label:	Correspondence Address: Patrick Stellitano 2803 Inridge Dr. Austin, TX 78745 Telephone: 512/ 899-8038 Facsimile: 512/899-9874
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Patrick Stellitano
 Patrick Stellitano, Reg. No. 42,169

20 JUNE 2003
 Date

06/20/03
13142 U.S. PTO

Fee Transmittal (Submit in Duplicate)		Application Title: Linear Motor Glide Assembly
		First Named Inventor: Bruce Beakley
Total Amount of Payment: \$375		Attorney Docket No: TRLG002-US0

Method of Payment

1. Deposit Account Authorization

- a. The Commissioner is hereby authorized to charge any deficiencies and credit any overpayments to:
 - i. Deposit Account Number: 501635
 - ii. Deposit Account Name: Patrick Stellitano
- b. The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17.
- c. Applicant Claims Small Entity Status.

2. Payment Enclosed

- a. Check
- b. Credit Card
- c. Money Order
- d. Other

Fee Calculation

Filing Fee Calculation					
Entity	Basic Filing Fee	Each Independent Claim in Excess of 3	Each Claim in Excess of 20	Multiple Dependent Claim Fee	Total
Small	\$375	<u> </u> x \$42 = <u> </u>	<u> </u> x \$9 = <u> </u>	<u> </u> x \$140 = <u> </u>	\$375
Other	\$750	<u> </u> x \$84 = <u> </u>	<u> </u> x \$18 = <u> </u>	<u> </u> x \$280 = <u> </u>	

Total Filing Fee: \$375

Assignment Recording Fee \$

Other Fee Payment \$



Patrick Stellitano, Reg. No. 42,169